

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-579)

APPLICANT'S

09/49/694

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEF.	IND.	DEF.	IND.	DEF.
1						
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49						
50						
TOTAL IND.	5					
TOTAL DEF.	32					
TOTAL	37					

	IND.	DEF.	IND.	DEF.	IND.	DEF.
61						
62						
63						
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TOTAL IND.						
TOTAL DEF.						
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